

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

Acquisition Plan Action ID: VA246-16-AP-3844

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

Restricted to the following source: Provide original manufacturer's name for material or contractor's name for service. (If a sole source manufacturer distributes via dealers, ALSO provide dealer information.)

Manufacturer/Contractor: Hill-Rom Inc.

Manufacturer/Contractor POC & phone number: Diane Bass / 865-803-7960

Mfgr/Contractor Address: 1069 State Route 46 East Batesville, IN 47006

Dealer/Rep address/phone number: Not applicable

☐ The requested material or service represents the minimum requirements of the Government.

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

Network Contracting Office 6

100 Emancipation Dr.

Hampton, VA 23667

VISN:

6

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:

The Richmond VA Medical Center requires fifteen (15) each Hill-Rom Progressa PRO-885 beds with Chair Egress Frame Design. The action being approved is a sole source award to Hill-Rom on FSS Schedule 65 II A, SIN A-69.

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:

The Hill-Rom Progressa Bed systems will be used in the intensive care units and include chair egress design, 3 Level Bed Exit alarms, and percussion and vibration rotation therapy.

(b) ESTIMATED DOLLAR VALUE: \$[REDACTED]

(c) REQUIRED DELIVERY DATE: 30 Days ARO

(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE. (CHECK ALL THAT APPLY AND COMPLETE)

☒ Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

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The facility currently has 15 Hill-Rom Progressa hospital beds in the intensive care unit. The original procurement was competitively awarded to replace part of the existing inventory, due to the age of the existing equipment. The facility requires 15 additional units of the same make and model of ICU bed. The same make and model must be purchased for the purpose of continuity of care. Bed functions differ significantly enough between brands to cause a disruption to operations by having equipment from multiple different manufacturers. FSS Schedule 65 II A is a mandatory source and Hill-Rom is the only available source on FSS Schedule 65 II A.

☐ A patent, copyright or proprietary data limits competition. The proprietary data is: _____
(If FAR 8.405-6(a)(2)iii before posting. Do not include specific proprietary data. Only mention the type of equipment, procedure, etc. to show that proprietary supplies or services are being procured.)

☐ These are "direct replacements" parts/components for existing equipment.

☐ The material/service must be compatible in all aspects (form, fit and function) with existing systems presently installed/performing. Describe the equipment/function you have now and how the new item/service must coordinate, connect, or interface with the existing system.

☐ The new work is a logical follow-on to an original Federal Supply Schedule order provided that the original order was placed in accordance with the applicable Federal Supply Schedule ordering procedures. The original order must not have been previously issued under sole source or limited source procedures.

☐ An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.

(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.4 TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:

The Hill-Rom Progressa PRO-885 is the technically acceptable solution and the price is fair and reasonable when compared to list prices/historical prices of competing products. Prices of competing products were documented during market research. Other terms and conditions, such as warranties are comparable with industry standards.

(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:

Competing products had been identified in recent procurements. Manufacturers, distributors, list prices, product features and terms and conditions of competing products are known from acquisition history.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

None.

(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:

The previous, related, acquisition was competitively solicited. Market research will be conducted for future acquisitions, when inventory needs to be replaced.

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(9) REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4. *(This signature is the requestor's supervisor, fund control point official, chief of service or someone with responsibility and accountability.)*

[REDACTED]			
SIGNATURE		DATE	
[REDACTED]	General Supply Specialist	Logistics	
NAME	TITLE	SERVICE LINE/SECTION	
Richmond VA Medical Center			
FACILITY			

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(10) APPROVALS IN ACCORDANCE WITH THE VHAPM, Volume 6, Chapter VI: OFOC SOP: *This part if filled out by Contracting Staff as part of the Justification*

SUPERVISOR SIGNATURE BLOCK:

[REDACTED] _____
SUPERVISOR SIGNATURE DATE

[REDACTED] _____
NAME AND TITLE NCO 6 FACILITY

a. CONTRACTING OFFICER'S CERTIFICATION (required): I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

[REDACTED] _____
CONTRACTING OFFICER'S SIGNATURE DATE

[REDACTED] _____
NAME AND TITLE NCO 6 FACILITY

b. QUALITY ASSURANCE COORDINATION (required over \$150k):

[REDACTED] _____
SIGNATURE DATE

[REDACTED] _____
NAME AND TITLE NCO 6 FACILITY

c. Director of Contracting/DESIGNEE: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

[REDACTED] _____
SIGNATURE DATE

[REDACTED] _____
NAME
NCO 6 Director of Contracting (Designee)